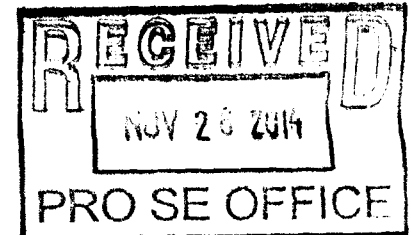


**CV 14****7012**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKBarry Hutchins☐ ORIGINAL

(In the space above enter the full name(s) of the plaintiff(s))

**VITALIANO, COMPLAINT**~~N.Y.P.D.~~ <sup>against</sup> City of  
New York Police DeptOfficer Eric Schmidt  
Shield # 11428 with  
Anti Terrorism Unitunder the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Barry Hutchins

ID #

8915-H-00516

Current Institution

~~1518-11-1142~~ Riker's Island Jail

Address

1818 HAZEN ST. AMKC C-95Dorm 4 Upper

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Eric Schmidt

Shield #

11428

Where Currently Employed

New York City Police Dept.

Address

1 POLICE PLAZA

Defendant No. 2

Name

Shield #

Where Currently Employed

Address

Defendant No. 3

Name

Shield #

Where Currently Employed

Address

Defendant No. 4

Name

Shield #

Where Currently Employed

Address

Defendant No. 5

Name

Shield #

Where Currently Employed

Address

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Rikers Island  
JAIL And Mid Hudson State PSYCHIATRIC HOSPITAL

B. Where in the institution did the events giving rise to your claim(s) occur?

In Rikers  
Island JAIL in mental OBSERVATION DORM

C. What date and approximate time did the events giving rise to your claim(s) occur?

~~AS A MEMBER OF THE~~ ~~NOT SURE~~  
New Year's Eve DEC 31, 2013

D. Facts:

What happened to you?

I WAS ARRESTED FALSELY BY OFFICER ERIC ~~SM~~ SCHMIDT BY CHgo of New York Police Dept. for Robbery in Harlem 4 BLOCKS FROM ~~the~~ BIC Homeless man shelter I WAS sent to Mid Hudson State Psychiatric Hospital I PASSED OUT FROM MEDICATION

Who did what?

Was anyone else involved?

A MAN named Barry Sanford who I did not know had done the robbery who ~~was~~ framed me on New Years Eve. 2013

Who else saw what happened?

I DON'T KNOW

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Hurt Bones from fight + HANDCUFFS AND SHACKLES, ANKLES AND WRIST neck, spine, eyes, stomach, & Side effects from medication

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island Jail  
Mid Hudson State Psychiatric Hospital

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Mid Hudson State Hospital Rikers Island

1. Which claim(s) in this complaint did you grieve? VIOLATION OF

US constitutional Rights. FALSE ARREST

2. What was the result, if any? nothing was Done

About It.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I wrote a letter to

Investigation Attorney General

130 Broadway, Mayor's Office - City,

Hall and Hall for 50000000

34000 Mayor's Office for 50000000

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any:

MAY 15 2014  
 LOCKHART, JIM  
 LONG BEACH, CA  
 THEY NEVER RESPONDED  
 BACK FOR 11 MONTHS  
 JOSHUA Bernstein  
 175 VARICK ST.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like to file  
 100,000,000.00 charges dropped - I want  
 1 million dollars for each of the 100,000,000.00  
 100,000,000.00 side effects from medications  
 from the City of New York. I want  
 Expedited Benefits A.S.A.P. Food Stamps  
 PUBLIC ASSISTANCE

## VI. Previous lawsuits:

~~On~~  
these  
claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes      No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

### On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes / No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff ~~HO-SION~~ DARRY FULCINI

Defendants Houston Police Dept. Sexual Assault Unit

2. Court (if federal court, name the district; if state court, name the county) Rob

3. Docket or Index number

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit 1999-2001

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition: \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

CASE WAS DISMISSED IN FEDERAL COURT

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 14 day of NOV., 2014

Signature of Plaintiff

Inmate Number

Institution Address

Ray J. Thomas  
PGC 41-00516  
1511 12th St.  
Albany, New York  
12207

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 14 day of NOV., 2014 I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Ray J. Thomas



**FILED**  
IN CLERK'S OFFICE  
US DISTRICT COURT E.D.N.Y.

★ NOV 25 2014 ★

**BROOKLYN OFFICE**

### INSTRUCTIONS FOR FILING A CIVIL RIGHTS COMPLAINT

Attached is a complaint form for filing an action under 42 U.S.C. § 1983. Observe the following instructions for completing the complaint:

1. **Caption:** It is very important, if possible, that you state the first and last name of each defendant and badge number, if appropriate. You are required to furnish the correct name and address of each person so that service of process upon each defendant can be made.
2. **Contents:** The form should be fully completed. It can be typewritten or handwritten. It must be legible. If you need more space to answer a question, attach a separate sheet of 8 ½ by 11 paper to your complaint. You are required to state facts, such as the date and location of the events. You need not make legal arguments or cite to cases. The complaint must have an original (not photocopied) signature by each plaintiff. The complaint need not be notarized.
3. **Copies:** You must send the Court the original complaint and two exact copies (a complete set of three). You should keep another copy for your records. Copies can be xeroxed, handwritten or typewritten, but all copies must be identical to the original.
4. **Fee:** The filing fee is \$350, payable to the Clerk of the Court, USDC, EDNY by certified check, bank check, personal check, money order or cash (if paying in person). If the filing fee is paid, the U.S. Marshal will not be directed to serve the defendants and plaintiff will be responsible for service of process on defendants. Service of the summons and complaint can be made by anyone over the age of 18 who is not a party to the action. See Fed. R. Civ. P. 4.
5. **Inability to Pay the Fee:** If you cannot pay the fee, you may apply to the Court to proceed *in forma pauperis* (IFP) pursuant to 28 U.S.C § 1915 by completing the attached form. If there is more than one plaintiff, each plaintiff must provide a separate declaration in support of the request to proceed *in forma pauperis*. If you are a prisoner, you must also complete the attached Prisoner Authorization form.

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When you have completed the forms, mail the original and 2 copies to the United States District Court, EDNY, 225 Cadman Plaza East, Brooklyn, NY 11201. Attention: Pro Se Office or on Long Island to: Clerk of United States District Court, EDNY, 100 Federal Plaza, Central Islip, NY 11722.

This instruction page need not be copied or submitted. Remember to keep a copy of the completed complaint for your records.



PRO SE OFFICE  
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
DANIEL PATRICK MOYNIHAN UNITED STATES COURTHOUSE  
500 PEARL STREET, ROOM 230  
NEW YORK, NEW YORK 10007

J. MICHAEL McMAHON  
CLERK OF COURT

**INSTRUCTIONS FOR FILING A PRISONER'S CIVIL RIGHTS COMPLAINT**

Attached are a complaint form and an application to waive the filing fee for an action under 42 U.S.C. § 1983. The instructions for completing them are as follows:

1. **Caption:** The caption is located in the top left corner on the first page of the complaint. You, as the person filing the complaint, are the plaintiff. The people you allege have violated your rights and are responsible for your injuries should be named as the defendants. You should state the first and last name of each defendant and badge number, if appropriate. If you do not know the name of a defendant, you should name him or her as "John Doe" or "Jane Doe" and include some descriptive information about that defendant. For example, "John Doe Correctional Officer who worked the 8am-4pm shift on C-Block at Sing Sing Correctional Facility on January 1, 2003."
2. **Jury Trial:** You are entitled to a trial by jury, however, you lose your right to a jury trial if you do not ask for it early enough. You should indicate on the first page of the complaint whether or not you want a jury trial by checking either "yes" or "no" in the top right corner of the first page of the complaint. You can also demand a jury trial within 10 days of service of the answer. If you fail to request a jury trial, but later decide you want one, you may request a jury trial by filing a formal motion and explaining why you did not ask for one earlier. The judge, however, does not have to grant this motion.
3. **Contents:** The form should be fully completed. It can be typed or handwritten, but it must be legible. If you need more space to answer a question, use separate sheets of 8½ x 11-inch paper and attach them to your complaint. You are required to give facts, not legal arguments or citations. Each plaintiff must sign the complaint with an original signature (in ink or pencil). Photocopies of your signature cannot be accepted. The complaint need not be notarized.
4. **Copies:** You must send the Court the original complaint plus two identical copies. You should keep another copy for your records. Copies can be handwritten or typewritten but all copies must be identical to the original.
5. **Fee:** The filing fee is \$350.00, payable to the "Clerk of Court, USDC, SDNY", by certified check, bank check, money order, major credit card, or cash (if your complaint is submitted in person). No personal checks are accepted.

6. **Inability To Pay The Fee:** If you cannot pay the fee, you may apply to the Court to waive the fee. Complete the enclosed Request to Proceed *In Forma Pauperis* and attach it to the original complaint. The caption of this application must be identical to the caption on the complaint. If you are currently confined in a jail, prison, or other correctional facility, you must also complete a Prisoner Authorization Form and attach it to the Request to Proceed *In Forma Pauperis*. Even if the Court grants your application to waive the filing fee, your inmate account may be debited in accordance with the Prison Litigation Reform Act of 1995, codified at 28 U.S.C. § 1915(b). If there is more than one plaintiff, each plaintiff must provide a separate Request to Proceed *In Forma Pauperis* and Prisoner Authorization Form.

7. **Filing:** When you have completed the forms, mail the original and two copies of the complaint, as well as the Request to Proceed *In Forma Pauperis* and Prisoner Authorization Form, if applicable, to the *Pro Se* Office at the address above.

8. **Serving the Complaint:** After the Court has issued a summons, copies of the summons and complaint must be served upon each of the defendants in accordance with Rule 4 of the Federal Rules of Civil Procedure. The plaintiff is responsible for ensuring that the defendants are served.

a) If you submit the filing fee with your complaint, you must arrange to have service made on your defendants. Professional process servers are listed in the telephone directory and in The New York Law Journal. Although professional process servers are recommended, they may be costly. You are not required to hire a professional to effect service if you have a trusted friend or family member willing to serve the papers for you. Anyone who is eighteen years or older and not a party to the action may qualify as an appropriate server.

b) If you seek to waive the fee and have been granted *in forma pauperis* status, you may have the United States Marshal Service serve the summons and complaint free of charge. If *in forma pauperis* status was not granted and you have paid the filing fee for the action, the United States Marshal Service may serve the summons and complaint for a fee. Please note that because of the large number of cases for which the United States Marshal Service is responsible, there may be significant delays in having your papers served by the Marshal Service.

c) Whether you have paid the filing fee or have been granted *in forma pauperis* status, you may wish to take advantage of the Waiver of Service provision, Fed. R. Civ. P. 4(d), which permits the plaintiff to serve by first-class mail. Additional information about service will be sent to you by the *Pro Se* Office when your summons has been issued by the Court.

9. **Questions:** If you have any questions, please contact the *Pro Se* Office, (212) 805-0175, during business hours, 8:30am - 5:00pm, Monday - Friday (except federal holidays). Please note that the *Pro Se* Office cannot accept collect calls.